

Mail to: Arizona Department of Revenue, PO Box 29002, Phoenix AZ 85038-9002

Or Fiscal tax year beginning _____, 1998, and ending _____, 1999. [66]

First name and initial - if joint return, also give spouse's name and initial

[1]

Present home address - number and street, rural route

[2]

City, town or post office

State

ZIP code

[3]

Last name

Your social security number

Apt. No.

Daytime telephone

Spouse's social security number

Home telephone [94]

For DOR use only

()

Filing Status	4	Married filing joint return			
	5	Head of household - name of qualifying dependent:			
	6	Married filing separate return. Enter spouse's social security number above and full name here. ➤		[88]	
	7	Single			
Check one					
Exemptions Enter number claimed	8	Age 65 or over (you and/or spouse)			
	9	Blind (you and/or spouse)			
	10	Dependents. From page 2, line A2 - do not include self or spouse.		[81]	
Income	11	Federal adjusted gross income (from your federal return)			
	12	Additions to income (from page 2, line B9)			
	13	Medical savings account (MSA) distributions. See page 12 of the instructions			
	14	Add lines 11, 12 and 13			
	15	Deposits and employer contributions into MSAs. See pages 12 and 13 of the instructions.	15		
	16	Elective subtraction of 1998 federal retirement contributions. See instructions	16		
	17	Exemption - Age 65 or over. Multiply number in box 8 by \$2,100	17		
	18	Exemption - Blind. Multiply number in box 9 by \$1,500	18		
	19	Exemption - Dependents. Multiply number in box 10 by \$2,300	19		
	20	Subtractions from income (from page 2, line C19)	20		
	21	Total subtractions. Add lines 15 through 20	21		
	22	Arizona adjusted gross income. Subtract line 21 from line 14	22		
	Figuring Your Tax	23	Deductions. Check box and enter amount. 23 I <input type="checkbox"/> ITEMIZED 23 S <input type="checkbox"/> STANDARD	23	
		24	Personal exemptions. See page 14 of the instructions	24	
25		Add lines 23 and 24	25		
26		Arizona taxable income. Subtract line 25 from line 22	26		
27		Compute the tax using amount on line 26 and Tax Rate Table X, or Y or Optional Tax Rate Tables	27		
28		Tax from recapture of credits from Arizona Form 301, line 22	28		
29		Subtotal of tax. Add lines 27 and 28	29		
30		Family income tax credit from worksheet on page 15 of the instructions	30		
31		Credits from Arizona Form 301, line 41	31		
32		Credit type. Enter form number of each credit claimed	32		
33		Total credits. Add lines 30 and 31	33		
34		Balance of tax. Subtract line 33 from line 29. If line 33 is more than line 29, enter zero	34		
Payments/Credits		35	Arizona income tax withheld during 1998	35	
		36	Arizona estimated tax payments for 1998	36	
	37	Amount paid with 1998 Arizona extension request (Form 204)	37		
	38	Property tax credit. Attach Arizona Form 140PTC and enter amount claimed	38		
	39	Total payments/credits. Add lines 35 through 38	39		
	Refund or Tax Due	40	TAX DUE. If line 34 is larger than line 39, enter amount of tax due. Skip lines 41, 42 and 43	40	
		41	OVERPAYMENT. If line 39 is larger than line 34, enter amount of overpayment	41	
		42	Amount of line 41 to be applied to 1999 estimated tax	42	
		43	Balance of overpayment. Subtract line 42 from line 41	43	
		Voluntary gifts to:			
		Aid to Education Fund (Enter entire refund only)		44	
		Child Abuse Prevention Fund		46	
		Special Olympics Fund		48	
		Arizona Wildlife Fund		45	
Neighbors Helping Neighbors Fund		47			
Domestic Violence Shelter Fund		49			
Political Gift		50			
51 Check only one if making a political gift: 51 1 <input type="checkbox"/> Democratic 51 2 <input type="checkbox"/> Libertarian 51 3 <input type="checkbox"/> Reform 51 4 <input type="checkbox"/> Republican					
52 Estimated payment penalty and interest		52			
53 Check applicable box(es). 53 1 <input type="checkbox"/> Annualized/Other 53 2 <input type="checkbox"/> Farmer or fisherman 53 3 <input type="checkbox"/> Form 221 attached					
54 MSA withdrawal penalty		54			
55 Total of lines 44, 45, 46, 47, 48, 49, 50, 52, and 54		55			
56 REFUND. Subtract line 55 from line 43. If less than zero, enter amount owed on line 57		56			
57 AMOUNT OWED. Add lines 40 and 55. Include social security number on payment		57			

PART A Dependents	A1 List children and other dependents. If more space is needed, attach a separate sheet.										
	First name		Last name			Social security number			Relationship		No. of months lived in your home
Do not list yourself or spouse.	A2 Enter total number of persons listed in A1 here and on the front of this form, box 10. TOTAL									A2	
	A3 Enter the names of the dependents age 65 or over listed above who do not qualify as your dependent on your federal return: _____										
PART B Additions to Income	B4 Non-Arizona municipal interest									B4	00
	B5 Early withdrawal of Arizona Retirement System contributions not included on your federal return									B5	00
	B6 Ordinary income portion of lump-sum distributions excluded on your federal return									B6	00
	B7 Agricultural water conservation expenses									B7	00
	B8 Other additions to income. <i>See instructions and attach your own schedule</i>									B8	00
	B9 Total. <i>Add lines B4 through B8. Enter here and on the front of this form, line 12</i>									B9	00
PART C Subtractions from Income	C10 Interest on U.S. obligations such as U.S. savings bonds and treasury bills									C10	00
	C11 Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)									C11	00
	C12 Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)									C12	00
	C13 U.S. social security or Railroad Retirement Act benefits included as income on your federal return									C13	00
	C14 Agricultural crops contributed to Arizona charitable organizations									C14	00
	C15 Alternative fuel vehicles and refueling equipment									C15	00
	C16 Certain wages of Native Americans									C16	00
	C17 Income tax refund from other states									C17	00
	C18 Other subtractions from income. <i>See instructions and attach your own schedule</i>									C18	00
C19 Total. <i>Add lines C10 through C18. Enter here and on the front of this form, line 20</i>									C19	00	
PART D Adjustments to itemized deductions from federal Form 1040, Schedule A or Telefile worksheet. Attach Schedule	D20 Medical and dental expenses					D20	00				
	D21 Amount of MSA distributions used to pay qualified medical expenses included on line D20					D21	00				
	D22 Medical expenses allowed to be taken as a federal itemized deduction					D22	00				
	D23 Add line D21 to line D22. Enter the result here					D23	00				
	D24 If line D20 is the same as or more than line D23, subtract line D23 from line D20. Otherwise, go to line D25					D24	00				
	D25 If line D23 is more than line D20, subtract line D20 from line D23					D25	00				
	D26 Wagering losses allowed as a federal itemized deduction					D26	00				
	D27 Total gambling winnings included in your federal adjusted gross income					D27	00				
	D28 Authorized Arizona lottery subtraction from line C12					D28	00				
	D29 Maximum allowable gambling loss deduction. <i>Subtract line D28 from line D27</i>					D29	00				
	D30 If line D29 is less than line D26, <i>subtract line D29 from line D26; otherwise enter zero</i>					D30	00				
	D31 If you are claiming the credit for property taxes paid by a qualified defense contractor, enter the amount of property taxes allowed as a federal itemized deduction					D31	00				
	D32 Amounts allowed as a federal itemized deduction that are attributable to income not subject to Arizona tax					D32	00				
	D33 Amount of charitable contributions for which you are taking a credit under Arizona law.					D33	00				
	D34 Add the amounts on lines D25, D30, D31, D32, and D33					D34	00				
	D35 Total itemized deductions allowed to be taken on federal return					D35	00				
	D36 Enter the amount from line D24 above					D36	00				
	D37 Add lines D35 and D36					D37	00				
	D38 Enter the amount from line D34 above					D38	00				
D39 Adjusted itemized deductions. <i>Subtract line D38 from line D37. Enter here and on the front of this form, line 23</i>					D39	00					
PART E	E40 Last name(s) used in prior years if different from name(s) used in current year.										
Please Sign Here	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
	Your signature					Date	Occupation				
Paid Preparer's Information	Spouse's signature					Date	Spouse's occupation				
	Preparer's signature					Firm's name (preparer's if self-employed)					
Paid Preparer's Information	Preparer's TIN			Date	Preparer's address						